

Religious Coping And Self-Acceptance Of Veterans With Physical Disabilities

Zarina Akbar, Rahma Aulia

Universitas Negeri Jakarta, Indonesia

Corresponding Author: zarina_akbar@unj.ac.id

Abstract

This research aims to determine the effect of religious coping on the self-acceptance of veterans who have physical disabilities. This research uses quantitative approach method by utilizing the method of *ex post facto*. The religious coping method used is the *Brief RCOPE*, and the self-acceptance method used is the *Berger's Self Acceptance*. The result of this research shows that there is a significant effect of religious coping on the self-acceptance of the veterans who have physical disabilities. The result implies that a psychology mentoring program is needed. It is a program which enabling the veterans who have physical disabilities to reach an optimal condition in terms of self-acceptance and psychological mental prosperity.

Keywords: Religious Coping, Self-Acceptance, Veterans, Physical Disabilities

Submission	Review Process	Revised	Accepted	Published
Mei 30, 2020	June 16, 2020 – December 10, 2020	December 14, 2020	December 17, 2020	December 28, 2020

Introduction

Veterans are citizens of Indonesia who fight to take up arms against foreigners armed. According to an official legal institution, that is the Legion of Veterans of the Republic of Indonesia (LVRI), veterans are Indonesian citizens who comply with the requirements stipulate in Law Number 15 of 2012 and regulations issue then as well (LVRI, 2012).

In the Big Indonesian Dictionary veterans are as former soldiers (war troops, fighters), people who have a lot of experience (in a job, and so on). Veterans are divided into 3 groups, that is veteran combatants, veteran defenders, and peace veterans. Fighting veterans were those who fought from 1945 to 1949. Defense veterans is members of the official Indonesian armed forces who help quell the rebellions that occurring during time (Badan Pengembangan dan Pembinaan Bahasa, 2020).

Defending veterans are divide into three groups, that is veteran defenders of Trikora from 1961 to 1963, veteran defenders

of Dwikora from 1964 to 1966 and veteran defenders of Seroja from 1975 to 1976. The Peace veterans are the names for those who are sent to other countries to maintain peace under the auspices of the United Nations (UN). Based on data from LVRI, until 30 November 2016, it is known that there are 106,908 veterans in Indonesia.

These veterans have fought for Indonesia. Their struggle are very great in taking up arms against the enemy, sacrificing and risking body and soul in order to seize and defend Indonesian sovereignty so that we can arrive at the point of an independent life like now. Veterans in carrying out their duties must face various risks. For example, having to be far away from family, survive in a dangerous war zone, various threats of injury, or even death. Even many soldiers who had to die on the battlefield, although not a few survive.

There is no valid data regarding the number of veterans with physical disabilities in Indonesia. LVRI also does not have data related to this matter. Interview conduct by

KCVRI (Korps Cacat Veteran Republik Indonesia) which is under the auspices of LVRI, represent by Ms. AN social worker at KCVRI on April 5, 2017, researchers obtain current data on the number of veteran combatants who experience physical disabilities as many as 97 people throughout Indonesia. There are 31 veterans of the defense. Based on this data, it can be seen that currently the number of veteran combatants and defenders with physical disabilities in Indonesia is around less than 200 people.

Among those who are able to survive, some of them have to be willing to go home with their body condition that is not perfect anymore because it is like losing a limb. This is due to the injuries they get while carrying out their duties. The soldiers are forced to live the rest of their lives with physical disabilities. The preliminary study results show that veterans have gone through stressful times because they are not confident about the physical disability and are afraid that their family and society will not accept them. One of the ways they deal with stress is by using a religious approach.

A person who has a physical disability will also have an impact on his psychology. The psychological impacts that are felt include difficulty accepting the condition of the disability, blaming the situation and yourself, feeling inferior, hopeless, embarrassed, and various other negative feelings. These negative feelings will prevent disabled individuals from accepting themselves. Self-acceptance of disabled individuals is very important because if they are unable to accept themselves, then it will be difficult for them to develop their potential. They will also find it difficult to get along with their social environment because of feelings of shame and insecurity. Therefore, self-acceptance is very important for someone with a physical disability.

Carson and Langer (2006) assume that self-acceptance is a high respect for oneself or others, not looking down on oneself. A person who is able to accept himself has a realistic attitude by appreciating himself for the achievements he makes, has guarantees, standards for self without seeing the opinions of others and measurements of self which are carried out positively. Individuals with self-acceptance are individuals who believe in themselves because they have self-standards so they don't care about the opinions of others and know their own shortcomings (Jimenez et al., 2010).

In short, self-acceptance is seen as a form of awareness in individuals to accept themselves as they are. An individual who is able to accept self means that the individual already knows and understands self and has self-motivation to develop in a better direction (Dixon et al., 2014).

Lazarus (1993) talks about coping behavior as a form of cognitive and behavioral individual efforts that are constantly changing and developing in order to meet specific demands (internal and external) that can cross the limits of one's abilities in life. The resolution of this problem has various forms (coping style), one of which is religious coping. Religious coping is an attempt to understand and reduce the pressures of life through a transcendental relationship to God Almighty (K. Pargament et al., 2011).

There are many studies on the relationship between religiosity and mental health, one of which shows that problems or difficulties have a contribution to spiritual rebuke, violate oneself, depend on God, and strengthen belief in God. In general, the participants involved have a disability condition but have a way of choosing life by being grateful and having joy.

Their spiritual belief is able to balance their lives, make meaningful experiences with disabilities, help overcome and there are other

benefits (Treloar, 2002). Pargament observes that the religious coping method can bridge the relationship between religious orientation in individuals and major life events (K. Pargament et al., 2011).

Based on the description above, religious coping can make a person accept self. It is known that religious coping is relate to mental health so that it can be said that individuals who have good mental health will be able to accept themselves completely without rejection. There are many studies relate to religious coping and self-acceptance (Karekla & Constantinou, 2010).

The role of religion can help a person deal with stressful conditions in life, but not many studies have at how religious coping relationships can help a person's self-acceptance, especially for veterans. Therefore, this study wants to scientifically prove the extent to which religious coping can help someone in their self-acceptance, especially for veterans with physical disabilities in Indonesia.

Research Method

This type of research is quantitative research with the ex post facto method. The population in this study are veterans with physical disabilities in the Jabodetabek area. The subject of this research has characteristics, that is Indonesian war veterans and experience physical disabilities acquired during wartime.

This study, in sampling, using non-probability sampling techniques with saturate sampling type. The sample in this study are 31 people. The number of 31 participants in this study based on the criteria of significance, statistical power, and effect size can be use to take statistical interpretations in a quantitative research approach (Kumar, 2011).

The data in this study are collect from using a questionnaire. The questionnaire for religious coping variables use the Brief Rcope measuring instrument which is develop from the basic theory of Pargament from Bowling Green State University (K. I. Pargament & Raiya, 2007).

This instrument consists of 14 statements. Psychometrically, the validity and reliability of this scale are good enough to measure religious coping. Brief Crope is in the form of a statement with 4 Likert scale answer choices, that is a scale of 1 to 4, answer 1 for never up to answer 4 for very often. Examples of items include dealing with problems, I seek God's love and I seek a stronger relationship with God.

The self-acceptance instrument used in the research is Berger's Self-Acceptance, is developpe from Shereer's theory which is modify by Berger. This instrument totale are 36 statements. The answer choices for statements on this scale consist of numbers 1 to 5, where for favorable items the more answers are closer to number 5, the more someone will accept themselves, and vice versa for unfavorable items. Examples of items include I believe that I can solve problems that may occur in the future and I cannot accept it if other people criticize me.

Results and Discussion

Results

This study involve 31 people with physical disabilities who are use as samples in this study. The characteristics of the research participants are veterans have physical disabilities, who aree acquire while on duty while fighting and are in the Greater Jakarta area. The following are demographic data from the participants of this study:

Table 1.
Demographic Data of Research Participants

Demographic	category	Frequency (n=31)	Persentation
Gender	Male	31	100
Age	60-65 years	12	39
	Above to 65 years	19	61
Religion	Moslem	30	97
	Non-Moslem	1	3
	Seroja	25	81
Veteran based on the struggle operation	others (Dwikora, Trikora, Independence 1945)	6	19

In this study, religious coping scores are into two categories, high and low. Categories are determine base on the normative mean of the data. Below is present in tabular form:

Table 2.
Religious Coping Score Categories

Criteria	Number of Subjects	%
Low (0.99)	22	71 %
High (> 0.99)	9	29 %

Base on the data in the table above, it is know that subjects with low religious coping are 22 people with a percentage of 71% and subjects with high religious coping are 9 people with a percentage of 29%. In general, veterans with physical disabilities in the Jabodetabek area have low religious coping.

This is evident from the research conduct showing the results that more subjects have low religious coping. Self-acceptance data are into two, high and low. The category determination is care out base on the normative mean of the data. Below is present in tabular form 3.

Table 3.
Self-Acceptance Score Categories

Criteria	Number of Subjects	%
Low (0.80)	17	55%
High (> 0.80)	14	45%

Based on the data in the table above, it is know that as many as 17 subjects with a percentage of 55% have low self-acceptance and as many as 14 subjects with a percentage of 45% have high self-acceptance.

Tabel 4. Regression Analysis Results

F count	F tabel	Score p	α
8,938	4,18	0.006	0.05

Based on the results of the regression analysis in Table 4, it is know that there is an influence between religious coping on self-acceptance, in veterans who experience physical disabilities. This means that religious coping can increase self-acceptance.

Table 5. Summary Model

Variable	R	R Square	Adjust R
Religious Coping and Self-Acceptance	0,485	0,236	0,209

Through the regression analysis test that has care out, the magnitude of the influence of religious coping and self-acceptance (table 5) has a determination coefficient value of 0.209. Base on these values, we can see that there is an effective contribution of religious coping to self-acceptance in veterans with physical disabilities. Religious coping has a large influence of 20.9% on self-acceptance, and the remaining 79.1% is influence by other factors.

Discussion

Base on self-acceptance scores, study participants tended to have low scores, that is 55% and 45% high. The results of a study conduct by Vellenga & Christenson (2009) identify the experiences of Vietnam veterans during and after desert operations. The psychological experiences identify and identify in these veterans include stressful fear, shame, feelings of isolation and loneliness, feelings of disappointment, unforgettable memories, and low self-acceptance.

Research from Schmied, Larson, McRoy & Thomsen (2016) explains that there is a causal chain of exposure to stressors in Liberation Operation veterans, which can increase mental problems such as depression symptoms, Post Traumatic Symptom Disorder (PTSD), substance abuse, and the risk of increasing stress exposure. in the future. Dennis, Dennis, Voorhees, Calhoun, Dennis, & Beckham (2017) explain the results of their research that war veterans experience guilt in their lives which causes further psychological problems.

Brancu, Thompson, Beckham, Green, Calhoun, Elbogen, Robbins, & Wagner (2014) stated that social support has an important role in overcoming the psychological problems of war veterans. Galovski and Lyons (2004) state that veterans' family support has an important role for veterans in overcoming psychological problems including low self-acceptance.

Creech, Benzer, Liebsack, Proctor, & Taft (2013) explain that the way of overcoming problems with a family functioning orientation is helpful for veterans in overcoming the psychological problems experience. Zang, Gallagher, McLean, Tannahill, Yarvis, & Foa (2017) state the same thing that social support helps in overcoming psychological problems experience by veterans.

The results of a study conduct by Schorr, Stein, Maguen, Barnes, Bosch, Litz (2018) explain that there is moral pressure in providing support for both themselves and others as well as the environment that provides subjective assessments of veterans who ultimately become emotional pressure for the veterans who elicit emotional reactions such as feelings of guilt, shame, anger and frustration. It is this emotional distress that can ultimately affect veterans' self-acceptance.

This research has a low self-acceptance score which may be due to psychological experiences or emotional stress which tends to be difficult to deal with. Through the results of interviews and observations, even though the Subjects say accept themselves, there are some of them who still say feelings of regret "If only I wasn't like this, my life would be better now ..." or they are still comparing themselves with fellow soldiers who do not have disabilities. This is an indication that there is still a low self-acceptance among veterans with physical disabilities.

Mangunsong (1998) describes several barriers experience by persons with disabilities, that people with disabilities find it difficult to get a job because they are consider incompetent. In addition, individuals with disabilities also have barriers in their emotions. Mangunsong (1998) explaine that disability causes individuals to have sensitive feelings, feel inadequate and inferior, are easily offended, and are often suspicious of others.

Research conduct by Meyer, Frankfurt, Kimbrel, DeBeer, Gulliver, & Morrisette (2018) found that veterans who experienced post-war disabilities experience low self-compassion and self-acceptance which has a impact on psychological problems experience by veterans of the Iraq war and Afghanistan. Williamson, Greenberg

& Murphy (2019) explain the condition of post-war veterans who report a state of psychological stress both internally and externally from environmental barriers that further influence their psychological state. This condition need for a psychological treatment program for veterans.

Religious coping is an effective way of coping in dealing with stress and other psychological problems (Smith et al., 2016). Research conduct by Aflakseir and Coleman (2009) found that Iranian war veterans use religious coping in coping with their physical disabilities and traumatic experiences. Religious coping is considere more effective in improving the mental health of war veterans.

In addition, the age of the study participants who were on average late adulthood or elderly also contribute to their self-acceptance. In the elderly, individuals will experience a lot of decrease bodily functions, both physically, cognitively and psychologically.

The elderly will also be vulnerable to health problems, one of which is mental health problems such as depression. As describe by Fiske, Wetherel, & Gatz (2009) found that depressive symptoms are more common in late adulthood than early adulthood. Depression is a heavy emotional stress. Individuals who have depression will find it difficult to self-accept.

Williamson, Harwood, Greenberg, Stevelink, Greenberg (Williamson et al., 2019) explaine that veterans who are elderly are considere more vulnerable and need more psychological assistance so that they can increase coping in themselves and their families in overcoming psychological problems. Gould, Rideaux, Spira, & Beaudreau (2015) explaine that the age factor is one of the risk factors that will cause the vulnerability of psychological problems for elderly veterans. Pereira, Pereira, & Pedras

(2020) state that the age factor is one of the causes of psychological problems for elderly veterans.

Conclusion

This research prove a significant result, between religious coping and self-acceptance. The implication of this research is to provide psychological assistance for veterans with physical disabilities. It aims to expel the veterans' negative emotions and psychological barriers to accepting themselves and their current state.

The suggestion that can be for further research is to conduct qualitative research techniques to reveal deeper psychological aspects that cannot be reveale quantitative techniques. In addition, future research may consider other variables such as social support or self-concept in veterans with physical disabilities.

References

- Aflakseir, A., & Coleman, P. G. (2009). The influence of religious coping on the mental health of disabled Iranian war veterans. *Mental Health, Religion and Culture*, 12(2), 175–190. <https://doi.org/10.1080/13674670802428563>
- Badan Pengembangan dan Pembinaan Bahasa. (2020). *Hasil Pencarian - Veteran*. Badan Pengembangan Dan Pembinaan Bahasa, Kementerian Pendidikan Dan Kebudayaan Republik Indonesia. <https://kbbi.kemdikbud.go.id/entri/veteran>
- Brancu, M., Thompson, N. V. L., Beckham, J. C., Green, K. T., Calhoun, P. S., Elbogen, E. B., Robbins, A. T., Fairbank, J. A., Wagner, H. R., Brooks, A., Hoerle, J. M., Kudler, H., Marx, C. E., Moore, S., Morey, R., Kristy, A. S. T., Strauss, J. L., Tupler, L. A., Weiner, R. D., ... SarahIngle. (2014). The impact of social support on psychological distress for U.S. Afghanistan/Iraq era veterans with

- PTSD and other psychiatric diagnoses. *Psychiatry Research*, 217(1–2), 86–92. <https://doi.org/10.1016/j.psychres.2014.02.025>
- Carson, S. H., & Langer, E. J. (2006). Mindfulness and self-acceptance. In *Journal of Rational - Emotive and Cognitive - Behavior Therapy* (Vol. 24, Issue 1, pp. 29–43). <https://doi.org/10.1007/s10942-006-0022-5>
- Creech, S. K., Benzer, J. K., Liebsack, B. K., Proctor, S., & Taft, C. T. (2013). Impact of coping style and PTSD on family functioning after deployment in operation desert shield/storm returnees. *Journal of Traumatic Stress*, 26(4), 507–511. <https://doi.org/10.1002/jts.21823>
- Dennis, P. A., Dennis, N. M., Van Voorhees, E. E., Calhoun, P. S., Dennis, M. F., & Beckham, J. C. (2017). Moral transgression during the Vietnam War: a path analysis of the psychological impact of veterans' involvement in wartime atrocities. *Anxiety, Stress and Coping*, 30(2), 188–201. <https://doi.org/10.1080/10615806.2016.1230669>
- Dixon, L. J., Earl, K., A. Lutz-Zois, C. J., Goodnight, J. A., & Peatee, J. J. (2014). Explaining the link between perfectionism and self-forgiveness: The mediating roles of unconditional self-acceptance and rumination. *Individual Differences Research*, 12(3). <https://psycnet.apa.org/record/2014-43846-002>
- Fiske, A., Wetherell, J. L., & Gatz, M. (2009). Depression in Older Adults. *Annual Review of Clinical Psychology*, 5(1), 363–389. <https://doi.org/10.1146/annurev.clinpsy.032408.153621>
- Galovski, T., & Lyons, J. A. (2004). Psychological sequelae of combat violence: A review of the impact of PTSD on the veteran's family and possible interventions. *Aggression and Violent Behavior*, 9(5), 477–501. [https://doi.org/10.1016/S1359-1789\(03\)00045-4](https://doi.org/10.1016/S1359-1789(03)00045-4)
- Gould, C. E., Rideaux, T., Spira, A. P., & Beaudreau, S. A. (2015). Depression and anxiety symptoms in male veterans and non-veterans: The Health and Retirement Study. *International Journal of Geriatric Psychiatry*, 30(6), 623–630. <https://doi.org/10.1002/gps.4193>
- Jimenez, S. S., Niles, B. L., & Park, C. L. (2010). A mindfulness model of affect regulation and depressive symptoms: Positive emotions, mood regulation expectancies, and self-acceptance as regulatory mechanisms. *Personality and Individual Differences*, 49(6), 645–650. <https://doi.org/10.1016/j.paid.2010.05.041>
- Karekla, M., & Constantinou, M. (2010). Religious coping and cancer: Proposing an acceptance and commitment therapy approach. *Cognitive and Behavioral Practice*, 17(4), 371–381. <https://doi.org/10.1016/j.cbpra.2009.08.003>
- Kumar, R. (2011). *Research Methodology: A Step-by-Step Guide for Beginners* (3rd ed.). Sage.
- Lazarus, R. S. (1993). From Psychological Stress to the Emotions: A History of Changing Outlooks. *Annual Review of Psychology*, 44(1), 1–22. <https://doi.org/10.1146/annurev.ps.44.020193.000245>
- LVRI. (2012). *Struktur Organisasi LVRI Per-2012-2017 & Tugas2 Per Departemen*. LVRI. <https://www.veteranri.go.id/index.php/lvri/detail/5>
- Mangunsong, F. (1998). *Psikologi dan Pendidikan Anak Luar Biasa*. Lembaga Pengembangan Sarana Pengukuran dan Pendidikan Psikologi (LPSP3).
- Meyer, E. C., Frankfurt, S. B., Kimbrel, N. A., Debeer, B. B., Gulliver, S. B., & Morrisette, S. B. (2018). The influence of mindfulness, self-compassion, psychological flexibility, and posttraumatic stress disorder on disability and quality of life over time in war veterans. *J. Clin. Psychol*, 74, 1272–1280. <https://doi.org/10.1002/jclp.22596>
- Pargament, K., Feuille, M., & Burdzy, D.

- (2011). The Brief RCOPE: Current psychometric status of a short measure of religious coping. *Religions*, 2(1), 51–76. <https://doi.org/10.3390/rel2010051>
- Pargament, K. I., & Raiya, H. A. (2007). A decade of research on the psychology of religion and coping: Things we assumed and lessons we learned. *Psyke & Logos*, 28(2). <https://psycnet.apa.org/record/2008-00007-001>
- Pereira, M. G., Pereira, D., & Pedras, S. (2020). PTSD, psychological morbidity and marital dissatisfaction in colonial war veterans. *Journal of Mental Health*, 29(1), 69–76. <https://doi.org/10.1080/09638237.2018.1487532>
- Schmied, E. A., Larson, G. E., Highfill-McRoy, R. M., & Thomsen, C. J. (2016). Reciprocal relationships between stressors and mental health problems in military veterans. *Journal of Social and Clinical Psychology*, 35(9), 705–721. <https://doi.org/10.1521/jscp.2016.35.9.705>
- Schorr, Y., Stein, N. R., Maguen, S., Barnes, J. Ben, Bosch, J., & Litz, B. T. (2018). Sources of moral injury among war veterans: A qualitative evaluation. *Journal of Clinical Psychology*, 74(12), 2203–2218. <https://doi.org/10.1002/jclp.22660>
- Smith, M. M., Saklofske, D. H., Keefer, K. V., & Tremblay, P. F. (2016). Coping strategies and psychological outcomes: The moderating effects of personal resiliency. *Journal of Psychology: Interdisciplinary and Applied*, 150(3), 318–332. <https://doi.org/10.1080/00223980.2015.1036828>
- Treloar, L. L. (2002). Disability, spiritual beliefs and the church: the experiences of adults with disabilities and family members. *Journal of Advanced Nursing*, 40(5), 594–603. <https://doi.org/10.1046/j.1365-2648.2002.02417.x>
- Vellenga, B. A., & Christenson, J. (2009). Healing the Wounds of War: The Vietnam Veteran After Operation Desert Storm. *Perspectives in Psychiatric Care*, 31(4), 5–8. <https://doi.org/10.1111/j.1744-6163.1995.tb00480.x>
- Williamson, V., Greenberg, N., & Murphy, D. (2019). Moral injury in UK armed forces veterans: a qualitative study. *European Journal of Psychotraumatology*, 10(1). <https://doi.org/10.1080/20008198.2018.1562842>
- Zang, Y., Gallagher, T., McLean, C. P., Tannahill, H. S., Yarvis, J. S., & Foa, E. B. (2017). The impact of social support, unit cohesion, and trait resilience on PTSD in treatment-seeking military personnel with PTSD: The role of posttraumatic cognitions. *Journal of Psychiatric Research*, 86, 18–25. <https://doi.org/10.1016/j.jpsychires.2016.11.005>